

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2005 JUL 15 A 10 29

CONNELL FOLEY PAC  
A New Jersey Non Profit Corporation

85 Livingston Avenue  
Roseland, New Jersey 07068-1765

(973) 535-0500  
Facsimile: (973) 535-9217

July 14, 2005

**VIA FEDERAL EXPRESS**

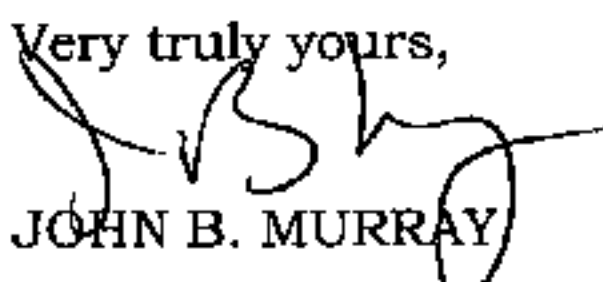
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey  
Non Profit Corporation  
FED ID #C00388181**

Dear Sir/Madam:

Enclosed for filing please find an original FEC Form 3X filed on behalf of  
Connell Foley PAC, a New Jersey Non Profit Corporation for the period  
01/01/05 - 06/30/05.

Very truly yours,

  
JOHN B. MURRAY

JBM/das  
Enclosure

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 JUL 15 A 10:29

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Connell Folley PAC

ADDRESS (number and street)

85 Livingston Avenue

☐ Check if different  
than previously  
reported. (ACC)

Roseland

NJ

07068-3702

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00388181

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐

Nov 20 (M11)  
(Non-Election  
Year Only)

☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐

Dec 20 (M12)  
(Non-Election  
Year Only)

☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

01 / 01 / 2005

01 / 01 / 2005

2005

through

06 / 30 / 2005

06 / 30 / 2005

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John B. Murray

Signature of Treasurer

*John B. Murray*

Date

07 / 15 / 2005

07 / 15 / 2005

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Connell Foley PAC

Report Covering the Period:

From:

01 / 01 / 2005

To:

06 / 30 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		4,680.94
(b) Cash on Hand at Beginning of Reporting Period.....	4,680.94	
(c) Total Receipts (from Line 19).....	17,500.00	17,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22,180.94	22,180.94
7. Total Disbursements (from Line 31).....	9,520.00	4,680.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,660.94	12,660.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Connell Foley PAC

Report Covering the Period:

From:

01 / 01 / 2005

To:

06 / 30 / 2005

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

17,500.00

17,500.00

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17,500.00

17,500.00

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

17,500.00

17,500.00

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

17,500.00

17,500.00

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

17,500.00

17,500.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	520.00	520.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	520.00	520.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	9,000.00	9,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9,520.00	9,520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	9,520.00	9,520.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17,500.00	17,500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17,500.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	520.00	520.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	520.00	520.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Badolato, Richard

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.90

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

425.90

Full Name (Last, First, Middle Initial)

B. Bennett, John K.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.81

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

647.15

Full Name (Last, First, Middle Initial)

C. Catenacci, Richard

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.46

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

686.46

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,759.51



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Coakley, Kevin J.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.27

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

907.27

Full Name (Last, First, Middle Initial)

B. Corrison, Timothy F.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.05

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

338.05

Full Name (Last, First, Middle Initial)

C. Cosma, Thomas S.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.77

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

344.77

SUBTOTAL of Receipts This Page (optional) ▶

1,590.09

TOTAL This Period (last page this line number only) ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Connell Foley PAC**

Full Name (Last, First, Middle Initial)

**A. Cromie, John D.**

Mailing Address

**85 Livingston Avenue**

City

**Roseland, New Jersey 07068**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Connell Foley, LLP**

Occupation

**Attorney**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**444.62**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**444.62**

Full Name (Last, First, Middle Initial)

**B. Dyer, Glenn T.**

Mailing Address

**85 Livingston Avenue**

City

**Roseland, New Jersey 07068**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Connell Foley, LLP**

Occupation

**Attorney**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**233.64**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**233.64**

Full Name (Last, First, Middle Initial)

**C. Falanga, Stephen V.**

Mailing Address

**85 Livingston Avenue**

City

**Roseland, New Jersey 07068**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Connell Foley, LLP**

Occupation

**Attorney**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**278.93**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**278.93**

SUBTOTAL of Receipts This Page (optional).....▶

**957.19**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (in Full)  
**Connell Foley PAC**

Full Name (Last, First, Middle Initial) <b>A. Fleder, Mark</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>649.99</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>649.99</b>	
Full Name (Last, First, Middle Initial) <b>B. Gardner, Kevin R.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>665.81</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>665.81</b>	
Full Name (Last, First, Middle Initial) <b>C. Graham, William H.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>376.30</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>376.30</b>	
<b>SUBTOTAL of Receipts This Page (optional).....▶</b>		<b>1,692.10</b>
<b>TOTAL This Period (last page this line number only).....▶</b>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Haefner, Marc D.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.59

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

219.59

Full Name (Last, First, Middle Initial)

B. Hughes, Patrick J.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

316.00

Full Name (Last, First, Middle Initial)

C. Iuso, Angela A.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.10

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

297.10

SUBTOTAL of Receipts This Page (optional)

832.69

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Judge, Brendan

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.24

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

289.24

Full Name (Last, First, Middle Initial)

B. Lacey, John F.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.33

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

457.33

Full Name (Last, First, Middle Initial)

C. Lord, Samuel

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.77

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

315.77

SUBTOTAL of Receipts This Page (optional).....▶

1,062.34

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Manahan, Peter D.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.43

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

422.43

Full Name (Last, First, Middle Initial)

B. McAuley, Patrick J.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.10

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

473.10

Full Name (Last, First, Middle Initial)

C. McBride, Michael X.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.03

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

744.03

SUBTOTAL of Receipts This Page (optional)

1,639.56

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. McGloin, William T.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.62

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

242.62

Full Name (Last, First, Middle Initial)

B. McGovern, Philip E.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.11

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

678.11

Full Name (Last, First, Middle Initial)

C. McHenry, Jonathan P.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

212.87

SUBTOTAL of Receipts This Page (optional) ▶

1,133.60

TOTAL This Period (last page this line number only) ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. McNally, Daren S.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.46

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

558.46

Full Name (Last, First, Middle Initial)

B. Moryan, Jeffrey W.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.58

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

692.58

Full Name (Last, First, Middle Initial)

C. Murphy, Kathleen S.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.69

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

242.69

SUBTOTAL of Receipts This Page (optional).....▶

1,493.73

TOTAL This Period (last page this line number only).....▶





**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Pizzi, Peter J.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.37

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

594.37

Full Name (Last, First, Middle Initial)

B. Randall, Karen Painter

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.87

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

353.87

Full Name (Last, First, Middle Initial)

C. Rhaticqn, James P.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

212.87

SUBTOTAL of Receipts This Page (optional).....▶

1,161.11

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

Full Name (Last, First, Middle Initial) <b>A. Ryan, Robert E.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>665.60</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>665.60</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date ▼ <b>665.60</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <b>193.25</b>
Full Name (Last, First, Middle Initial) <b>B. Schoellkopf, Ernest W.</b>		
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>193.25</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>193.25</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date ▼ <b>193.25</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <b>394.16</b>
Full Name (Last, First, Middle Initial) <b>C. Smith, Peter J.</b>		
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>394.16</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>394.16</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date ▼ <b>394.16</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <b>1,253.01</b>
SUBTOTAL of Receipts This Page (optional).....▶		
TOTAL This Period (last page this line number only).....▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Steller, Brian G.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.11

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

358.11

Full Name (Last, First, Middle Initial)

B. Vitiello, Anthony F.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.16

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

457.16

Full Name (Last, First, Middle Initial)

C. Walsh, Liza M.

Mailing Address

85 Livingston Avenue

City

Roseland, New Jersey 07068

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connell Foley, LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.05

Date of Receipt

VARIOUS

Amount of Each Receipt this Period

656.05

SUBTOTAL of Receipts This Page (optional).....▶

1,471.32

TOTAL This Period (last page this line number only).....▶

17,500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 24 / 2005

A. Menendez for Congress, Inc.

Mailing Address

1000 Valley Brook Avenue, Suite 205

City

Lyndhurst, New Jersey 07071

State

Zip Code

Purpose of Disbursement

Fundraiser

Candidate Name

Bob Menendez

Category/  
Type

Amount of Each Disbursement this Period

3,000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Annual Fundraiser

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 16 / 2005

B. Lautenberg 20 Year Committee

Mailing Address

P.O. Box 200597

City

Newark, New Jersey 07102

State

Zip Code

Purpose of Disbursement

Fundraising

Candidate Name

Frank Lautenberg

Category/  
Type

Amount of Each Disbursement this Period

2,000.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Cocktail Hour/Fundraiser

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 06 / 2005

C. Menendez for Congress, Inc.

Mailing Address

1000 Valley Brook Avenue, Suite 205

City

Lyndhurst, New Jersey 07071

State

Zip Code

Purpose of Disbursement

Fundraiser

Candidate Name

Bob Menendez

Category/  
Type

Amount of Each Disbursement this Period

3,000.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Annual Fundraiser

State:

District:

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Connell Foley PAC

Full Name (Last, First, Middle Initial)

A. Alaskans for Don Young

Mailing Address

1680 Route 23, Suite 150

City

Wayne, New Jersey 07470

State

Zip Code

Purpose of Disbursement

Fundraiser

Candidate Name

Don Young

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Annual Fundraiser

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1,000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

  /  /  

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

  /  /  

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

1,000.00

TOTAL This Period (last page this line number only).....▶

9,000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Connell Foley PAC**

Full Name (Last, First, Middle Initial)

A. **Moore Stephens, P.C.**

Mailing Address

**340 North Avenue**

City

**Cranford, New Jersey 07016**

State

Zip Code

Purpose of Disbursement

**Accounting Fee**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

B. **Moore Stephens, P.C.**

Mailing Address

**340 North Avenue**

City

**Cranford, New Jersey 07016**

State

Zip Code

Purpose of Disbursement

**Accounting Fee**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

02 / 21 / 2005

Amount of Each Disbursement this Period

310.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

  /  /  

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

520.00

TOTAL This Period (last page this line number only).....▶

520.00



# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Connell Foley PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD /

MM / DD /

MM / DD /

MM / DD /

MM / DD /

MM / DD /

% (apr)

% (apr)

☐ Yes ☐ No

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)  <b>Connell Foley PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
City	State	Zip Code	Date Due <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Title			

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE OF

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE       OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Connell Foley PAC

FEC IDENTIFICATION NUMBER ▼

C

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

MM / DD / YYYY

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))

PAGE	OF
FOR LINE 25 OF FORM 3X	

FEC Schedule F (Form 3X) Rev. 02/2003

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Connell Foley PAC

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Connell Foley PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

**TOTAL** This Period (Administrative) .....

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities) .....

**TOTAL** This Period (Direct Fundraising) .....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party) .....

**TOTAL** This Period (Total Amount Transferred) .....



Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>F2d. Exp.</i>	Shipping Date <i>7-14-05</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm 12</i> PREPARER	<i>7-15-05</i> DATE PREPARED